



Receipt

FILE COPY

CERTIFICATE OF MAILING PURSUANT TO 37 C.F.R. §1.8

I hereby certify that this Request for Correction of Filing Receipt Data is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Assistant Commissioner for Patents, Office of Initial Patent Examination, Customer Service Center, Washington D.C. 20231, on:

Date: May 8, 2000

By

Neborah A. Mic

IN THE UNITED STATES PATENT AND
TRADEMARK OFFICE

Applicant:: Crane, et al.

Docket No.:

10655.7700

Serial No.: 09/415,632

Filed:

October 12, 1998

Title: SYSTEM AND METHOD FOR DIVIDING A
REMITTANCE AND DISTRIBUTING A
PORTION OF THE FUNDS TO MULTIPLE
INVESTMENT PRODUCTS

Group Art Unit:

2761

TC 2400 MAIL ROOM
MAY 23 2000

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FIRST REQUEST FOR CORRECTION OF FILING RECEIPT DATA

Assistant Commissioner for Patents
Office of Initial Patent Examination
Customer Service Center
Washington, D.C. 20231

Sir:

Thank you for the "Filing Receipt" in the above-identified provisional patent application. Please correct the following errors, a copy of the Filing Receipt with the requested correction noted thereon is enclosed:

Atty. Docket No.:

10655.7700

Title: System and method for dividing a remittance and distributing a portion of the funds to multiple **investment** products

With the requested correction, the Filing Receipt will agree with the patent application as filed. We look forward to receiving a corrected Filing Receipt for this application.

If you should have any questions, please do not hesitate to contact the undersigned at the telephone number listed below.

Respectfully submitted,

Howard I. Sobelman

Dated: May 8, 2000

By

Howard I. Sobelman, Reg. No. 39,038

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FILING RECEIPT



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UNITED STATES DEPARTMENT OF COMMERCE
Patent and Trademark OfficeAddress: ASSISTANT SECRETARY AND
COMMISSIONER OF PATENT AND TRADEMARKS
Washington, D.C. 20231

| APPLICATION NUMBER | FILING DATE | GRP ART UNIT | FIL FEE REC'D | ATTY. DOCKET NO | DRAWINGS | TOT CLAIMS | IND CLAIMS |
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09/415,632

10/12/1999

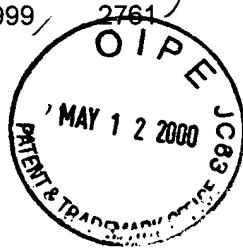
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Date Mailed: 03/15/2000

Receipt is acknowledged of this nonprovisional Patent Application. It will be considered in its order and you will be notified as to the results of the examination. Be sure to provide the U.S. APPLICATION NUMBER, FILING DATE, NAME OF APPLICANT, and TITLE OF INVENTION when inquiring about this application. Fees transmitted by check or draft are subject to collection. Please verify the accuracy of the data presented on this receipt. **If an error is noted on this Filing Receipt, please write to the Office of Initial Patent Examination's Customer Service Center. Please provide a copy of this Filing Receipt with the changes noted thereon. If you received a "Notice to File Missing Parts" for this application, please submit any corrections to this Filing Receipt with your reply to the Notice. When the PTO processes the reply to the Notice, the PTO will generate another Filing Receipt incorporating the requested corrections (if appropriate).**

Applicant(s)

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Continuing Data as Claimed by Applicant

Foreign Applications

If Required, Foreign Filing License Granted 11/02/1999

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Title

System and method for dividing a remittance and distributing a portion of the funds to multiple investment products

Preliminary Class

705

Not for receipt correction due
1 of 2



Bib Data Sheet


**UNITED STATES DEPARTMENT OF
COMMERCE**
Patent and Trademark Office

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 Washington, D.C. 20231

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|--|---|--------------------------------|---|---|
| SERIAL NUMBER 09/415,632 | FILING DATE 10/12/1999 RULE - | CLASS 705 | GROUP ART UNIT 2761 | ATTORNEY DOCKET NO. 10655,27700 |
| APPLICANTS Suzanne P. Crane, New Hope, MN ; Marcus Sheire, St. Paul, MN ; Mark D. Sweazy, Minnetonka, MN ; Bonnie Schlegel, Coon Rapids, MN ; Joan Prairie, Minneapolis, MN ; | | | | |
| ** CONTINUING DATA ***** ** FOREIGN APPLICATIONS ***** | | | | |
| IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** 11/02/1999 | | | | |
| Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance | | STATE OR COUNTRY MN | SHEETS DRAWING 9 | TOTAL CLAIMS 10 |
| Verified and Acknowledged Examiner's Signature _____ Initials _____ | | INDEPENDENT CLAIMS 2 | | |
| ADDRESS Howard I Sobelman Snell & Wilmer LLP One Arizona Center 400 East Van Buren Phoenix ,AZ 85004-2202 | | | | |
| TITLE System and method for dividing a remittance and distributing a portion of the funds to multiple investment products | | | | |
| FILING FEE RECEIVED 890 | FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following: | | <input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit | |

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